No 14

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An Inaugural Dissertation
on
Inflammatory Pleurisy
by
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N. C. 146 No 8th.

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We shall treat of this disease in the following order.

First: The Nature; Second Varieties; Third Simple Inflamatory Pleurisy.

First the Nature of the disease

The existence of this disease has been known since the days of Hypocrates, but it is of late only, that the true nature of it has been understood.

It was thought by some to be contagious; by others it was viewed as an epidimic. We have unquestionable proof that it spreads through families, and neighbourhoods.

All climates are subject to it; those most however which have violent vicissitudes of weather.

This disease is most frequent at the latter end of winter, and the beginning of spring; but it may appear at any season.

No age is exempt from its attacks; but it seldom affects persons under the age of puberty,

By Dr Cullen it is supposed to be confined to middle

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and advanced life. Some of the most severe cases which have fallen under our observation however have been persons about the age of puberty.

Those who are of a robust and plethoric habit are most liable to this disease

Secondly. Variety of the disease.

We will confine our remarks to those four varieties of this disease which appear in our Southern States. As much, because they must be of greater interest and importance to us, as, that there will be found among them a form not mentioned by writers.

First. Simple inflamatory; Pleurisy; Second. Typhus Pleurisy, or Pleurisy attended with fever of Typhus or Typhoid character; Third. Inflamatory Bilious Pleurisy, with symptoms of congestion in the liver or a redundancy of bile and an inflamatory fever, Fourth the Typhoid Bilious Pleurisy, with the same bilious symptoms and appearances of Hepatic determination and a fever of alone Typhoid character. It is the first of these varieties which we have chosen for the subject of the present essay.

Third. Pleurisy attended with inflamatory action.
Symptoms. This disease commences in the usual man-
ner with chill, and fever. The breathing is difficult ac-
companied with pain in some part of the thorax,
generally about the fifth or sixth rib; which is pun-
gent and most commonly remains fixed but some-
times shoots to the scapula or sternum. The pulse is
full, hard, and quick; the cough in the begining is
hard and dry followed with expectoration streaked
with blood. The face soon becomes flushed and swoln
attended with determinations of blood to the head some-
times producing delirium. The skin is hot and dry.
The urine varies in its character; sometimes limpid
and in considerable quantities; at other times high
couloured and scanty. The difficulty of breathing is al-
ways present, the patient cannot always make a long
inspiration without considerable pain, he is also affected
by position, experiencing most pain when lying on the
side affected. The bowels are deranged; affected by costiveness
or too much relaxed. The tongue is white and rough

Seat of the disease. This disease is generally seated in the Pleura, or lining membrane of the thorax.

Sometimes the inflamation is situated in different parts of the membrane; in consequence of which it has received a variety of names.

Causes. The remote cause of this disease is cold applied to the body obstructing perspiration and producing congestion of blood to the lungs. When this disease prevails as an epidemic it must also have a remote predisposing cause; This we must look for in the ~~insensible qualities of the~~ atmosphere not in any vicissitudes of its temperature or humidity.

When it appears as an epidemic, it is more dangerous than when sporadic, Among the exciting causes may be ~~innumerated violent exertion~~ in speaking singing, playing on wind instruments of music, or any kind of exertion that gives inordinate action to the lungs, to these we may add the breathing of air adulterated by an admixture of deleterious vapours; such as the fumes of arsenic, of sulphur, or muriatic acid.

[illegible] disease. It [illegible] considered [illegible] [illegible] [illegible]

and most often of a membranous form.

Diffuse inflammation is an other cause in which Pleurisy commonly.

Prognosis. The prognosis may be formed by observing the general symptoms.

A violent hectic; great difficulty of breathing; great restlessness when the patient is laid in a recumbent position; or on a sudden, it is relieved by an erect posture; total prostration of strength; a small irregular pulse; a hollow cough aggravating the pain; a copious acrid sweat; a sinking respiration; a distension of the belly; a increasing edema. All these symptoms denote danger. The consolidation which seems to have taken place effect in connecting adhesions of a coarse consistence of a thick white or yellowish matter a little [illegible] stone. When purulent matter has taken place the whole body attended with an accelerated pulse, the shortness and frequency of the pain and the hectic symptoms, also copious bilious evacuations by stools and

discharge of urine with a serous sediment and the stripping of the hair. These symptoms are favorable.

When this exacerbation is fatal it is between the fourth and seventh day, but in some instances death takes place at a later period. When the disease is mild resolution takes place during the first week, but when it is moderate, it often is delayed to the second week. Occasionally a convalescence takes place from the third to the seventh day but this is generally followed; for the disease sometimes returns with increased violence and with greater danger.

Diagnostics. The diagnostics of this disease are the following. The case is hard, quick, full, and frequent, the coagula are firm and healthful; the skin dry and rarefied the tongue dry white, and rough; the face tingen, and flushed; the hair tingent in the vessel or left side; the difficulty of breathing not so great as in pleurisy; when fatal it terminates in effusion.

Indications of cure. In the course of the disease, al-

tention should be paid to the following indications
First to overcome the inflammatory action; second
to counteract the determination of blood to the lungs
Third to promote expectoration. To meet the first
indication a prompt and copious venesection is to
be made use of. The quantity drawn must be
regulated by the violence of the symptoms, and
strength of the patient. To draw blood with the
greatest advantage, the orifice should be made
large, to allow a bold and vigorous stream to flow.
In a stout robust patient with a confirmed pleu-
risy, when there is a strong pulse, much pain,
and difficulty of breathing twelve ounces of blood
may be taken generally at the first venesection.
This sometimes will not be sufficient to arrest the
disease. In a few hours after the first bleeding we
may be required, if the symptoms be called
to repeat the operation and sometimes to the same
extent; much more often this is not often necessary.
A good rule in violent cases of pleurisy, in the

early stage is not to be in the arm until the pain ceases, and the respiration is relieved.

Venesection may be repeated at any period of the disease when the symptoms seem to demand it.

In the first stages of the disease sweating promotes expectoration.

It frequently happens during the progress of the disease, that after ~~taking~~ the lancet as frequently as the strength of the patient will bear; a good deal of pain with considerable action in the pulse a local affection still remains. At this period of the disease we may make use of local blood letting by cupping, leeches and scarifications. Such applications sometimes acts as a charm, and may be made use of at any period of the disease.

The appearance of the blood is various. The inflammatory crust is often present at other times it is not observable. The only critical indications which we have is the mildness or violence of the disease.

When spontaneous evacuations occur, and relieve

the symptoms. There is no necessity for blood letting and it should be avoided as the practitioner to save the strength of the patient. But if such evil effects seem to not attending relief, then the hæmorrhage must not deter us from the use of remedies. If bleeding from the nose occur we are advised to foment and contract the nose.

To fulfil the second indication we must make use of blisters, which should be applied on the outside, after internal action is subdued. They should be applied as near the seat of the pain as possible. If the pain should not subside on the application, the blister may be renewed.

We may also make use of warm fomentations.

The bowels should be kept in a soluble state by saline purgatives; but violent evacuations from the bowels always prove injurious, and should never be resorted to. Diaphoretics may be made use of, and if copious perspiration can be induced in the forming stage, we either put an

cuate the disease, or alleviate the violence of the symptoms.

In the exhaustion consequent on the long [illegible] passage of the constitution are useful [illegible] stimulant. This medicine is valued on account of its [illegible] the treatment of the sea-scurvy, and [illegible] and [illegible]. Antimonial [illegible] of tartar [illegible] twelve of which have [illegible] been used with signal advantage. [illegible] as a [illegible] and [illegible]. [illegible] some, perhaps the neutral salts [illegible] the tartarized antimony have been used.

To read the last indication we have proposed. mild diluent drinks [illegible] acidulated with [illegible] vegetable acids may be made use of. In this stage of the disease when there is [illegible] irritation, [illegible] infusion with [illegible] may be [illegible]

with considerable benefit. As soon as the cough is loosened and a free expectoration takes place, we may rely on the patient's recovery. It sometimes happens, that after the violence of the symptoms are removed, a hard dry cough, accompanied with difficult and laborious respiration, and some depression, still remains. In such cases we may be more confident, than on previous occasions, of efficacious, and adequate remedies at stated intervals. If the medicine produces a sensation, this should be repeated after the lapse of a few days, after the fever and other accidents have subsided, and the cough and difficulty are the only remaining complaints, the patient may repeat the antimonial emetic, in a quantity not exceeding, in a considerable degree, the previous one, which last must be given, rather less in the first instance, and more gradually, when the strength returns and the effects of the medicine are seen to be more

[illegible]

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Geo R Stone